MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/584342	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ª AMENDMENT		AFTER 2ᵈ AMENDMENT			AS FILED		AFTER 1ª AMENDMENT		AFTER 2ᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4							54						
5		1					55						
6							56						
7							57						
8							58						
9		~					59						
10		~					60						
11		~					61						
12		~					62						
13	1						63						
14		1					64						
15	1						65						
16		~					66						
17		~					67						
18		~					68						
19		~					69						
20	1						70						
21		~					71						
22		~					72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	15	⬅		⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	19						TOTAL CLAIMS						